Application/Control Number: 10/716,314

Art Unit: 1656

The amendments to the claims will be as follows:

1. Please cancel claims: 2-5, 10-13, 22, 25-26, 28-31, and 33.

First occurrence,
2. In claim 23: line 2, after the word "mammal", insert --- in need thereof ---

3. Add new claim 34 that reads --- The method of claim 23, wherein the mammal suffers

from migraine, myofacial and other types of pain, muscle tremors, neuromuscular

diseases, or excessive sweating.---

Allowed claims

Allowed claims will be: 23, 24, 32, and 34 (as amended).

Any comments considered necessary by applicant must be submitted no later than the payment of the issue fee and, to avoid processing delays, should preferably accompany the issue fee. Such submissions should be clearly labeled "Comments on Statement of Reasons for Allowance."

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Agnes Rooke whose telephone number is 571-272-2055. The examiner can normally be reached at 6:00 AM to 3:30 PM MAX/FLEX.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Kathleen Kerr Bragdon can be reached on 571-272-0931. The fax phone number for the organization where this application or proceeding is assigned is 703-872-9306.

WOD 07

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